

Dental Services in Polk County

Broadlawns Medical Center – Oral Health Department

1801 Hickman Rd.
Des Moines, IA 50314
(515) 282-2421
Monday-Friday 8-5 appointments for children, adults on walk in basis with registration at 7am and 1pm
Sliding fee scale, Medicaid, Hawk-I, other insurance plans, financial arrangements available.

Christ the King Catholic Parish

5711 SW 9th St.
Des Moines, IA 50315
Dental Screening is available on first Tuesday of the month from 6-9pm, for children 18 and under.

Des Moines Health Center –

1111 9th St., Suite 190
Des Moines, IA 50314
(515) 244-9136
By appointment for children Monday – Thursdays 8-5, Friday 8-2
Free, Sliding Fee Scale, Medicaid, Hawk-i

Polk County Health Department

1907 Carpenter Ave.
Des Moines, IA 50314
(515) 286-3798
Dental Screening and Fluoride Varnish Application
call for appointment
Fee, Medicaid

Primary Health Care

2353 SE 14th St.
Des Moines, IA 50320
(515) 248-1470
Monday – Friday 8am – 5pm
Sliding fee, free, Medicaid and Hawk-I

Ocean Dental

1345 E. University Ave., Suite 302
Des Moines, IA 50316
(515) 264-9022 Monday-Friday 8am – 5pm Medicaid
Some adult appointments available.

Additional Resources: websites, telephone books, referrals from friends and family, Iowa Dental Association, and Iowa Board of Dental Examiners

I-Smile™ Program, Visiting Nurse Services, Dental Screenings/Fluoride Varnish, Oral Health Education and assistance with locating a dentist.

Locations:

LaClinica
2679 Maury St.
Des Moines, IA 50317
(515) 244-6162
Appointments and walk-in as available Wednesday afternoons 1pm-4pm

HOLA Community Center

618 E. 18th St.
Des Moines, IA 50316
(515) 299-4652
Walk-ins – Thursday afternoons 1pm-4pm

WIC – for WIC participants

River Plaza Location
2300 E. Euclid Ave., Suite D
Des Moines, IA 50310
(515) 282-5800
Appointments and walk-ins as available
Tuesdays 8am-4pm 1-4 Tuesday's of the month

I-Smile™ Program, Visiting Nurse Services

100 E. Euclid Ave., Suite 129
Des Moines, IA 50313
(515) 557-9023 or 558-9988
Call to schedule and appointment

Polk County Health Department

1907 Carpenter
Des Moines, IA 50314
(515) 286-3798 Call for appointments
First Friday of each month 8:30-noon

Resources

A List of Title 19 Dentist is available at:

Visiting Nurse Service's website, Local Community

Resources



<http://www.vnsdm.org/uploads/File/FINAL%20Resource%20Directory%20083.pdf>

I-Smile™ Program

www.ismiledentalhome.org
1-866-Smile-15



I-Smile Dental Screenings

- Dental screenings, assessment for fluoride varnish application, oral hygiene instruction, and assistance in locating a dentist
- Children (ages 0 to 20) and pregnant women
- No charge to families
- Serving Medicaid, Medipass, and uninsured families
- Certificates of Dental Screenings completed for school
- Parent or legal guardian must accompany children being screened
- Call one of the following locations for an appointment

Visiting Nurse Services 100 E. Euclid Ave. Suite 129 (515)557-9023 Appointment times vary	LaClinica de la Esperanza 2679 Maury St. (515)244-6162 Wednesdays 1-4pm	HOLA Center 618 E. 18 th St. (515)299-4652 Thursdays 1-4 pm	Polk County Health Department 1907 Carpenter Ave. (515)286-3798 Fridays 8:30 am - 12 pm
		WIC clients can schedule at the River Plaza location 2300 Euclid Ave., Suite D (515)282-5800 Tuesdays 8am - 4pm	
			

Chequeo Inicial I-Smile

- Chequeos dentales, evaluación y aplicación de fluoruro, instrucciones de higiene Oral, asistencia para localizer un dentista
- Niños (edad 0 a 20) y mujeres embarazadas
- Sin ningún cobro a la familia
- Servimos al Medical, Medipass, y familias sin seguro medico
- Certificados de chequeo dental para la escuela
- Padre o tutor deberá acompañar al menor que sea atendido
- Llame a alguna de la siguientes localidades para hacer su cita

Visiting Nurse Services 100 E. Euclid Ave. Suite 129 (515)557-9023 Horario de citas varia	LaClinica de la Esperanza 2679 Maury St. (515)244-6162 Miercoles 1-4pm	HOLA Center 618 E. 18 th St. (515)299-4652 Jueves 1-4pm	Polk County Health Department 1907 Carpenter Ave. (515)286-3798 Viernes 8:30 am - 12 pm
		Clientes de WIC pueden hacer cita en la locación de River Plaza location 2300 Euclid Ave., Suite D (515)282-5800 Martes 8am - 4pm	
			

**Nuevo
en 2008!**

Examen Dental Requisito para la Matrícula Escolar

Los niños que se matriculan por primera vez en una escuela primaria en Iowa o en una escuela secundaria están obligados a tener un examen dental.

2+6=8

Primaria - Elementary

- Se aplica al kinder (o primer grado o si no hay pre-escolar) y a la transferencia de estudiantes al sistema educativo de Iowa
- El examen dental debe hacerse no antes de los 3 años pero sí antes de los 6 años
- Los exámenes dentales sólo pueden ser llevados a cabo por: dentistas, higienistas dentales, médicos, enfermeras, o asistentes médicos

Secundaria - High School

- Aplica a noveno grado y a la transferencia de estudiantes al sistema educativo de Iowa
- El examen dental debe hacerse dentro del año anterior a la inscripción
- Los exámenes dentales sólo pueden ser llevados a cabo por: dentistas o higienistas dentales

A+

ABC's

Los coordinadores locales de Salud Oral I-Smile estarán trabajando con las escuelas en todo el estado para ayudar a implementar este mandato - incluyendo la ayuda a las familias para el examen dental de sus hijos y la búsqueda de atención de seguimiento según sea necesario.

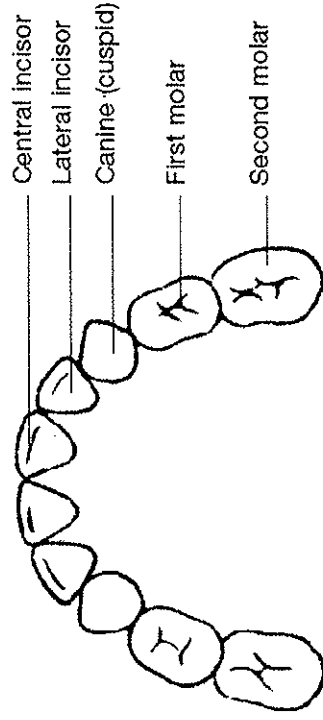
Para encontrar su coordinador local I-Smile, vaya a:
www.idph.state.ia.us/webmap/default.asp?map=ismile

Formularios de solicitud e información adicional en la escuela acerca del mandato de examen dental puede encontrarse en:
www.idph.state.ia.us/hpcdp/oral_health_school_screening.asp

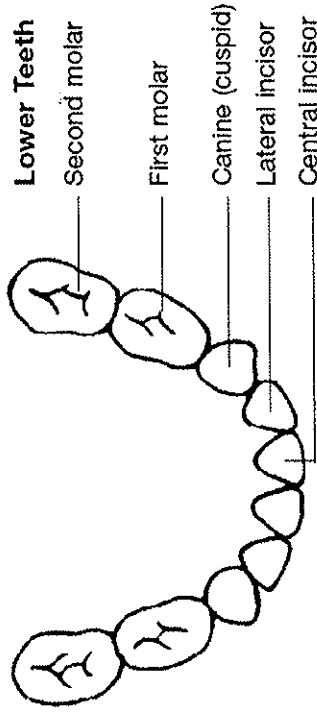
The primary second molars are retained until the child is 10-12 years old.

PRIMARY TEETH

Upper Teeth



Erupt	Shed
8-12 mos.	6-7 yrs.
9-13 mos.	7-8 yrs.
16-22 mos.	10-12 yrs.
13-19 mos.	9-11 yrs.
25-33 mos.	10-12 yrs.

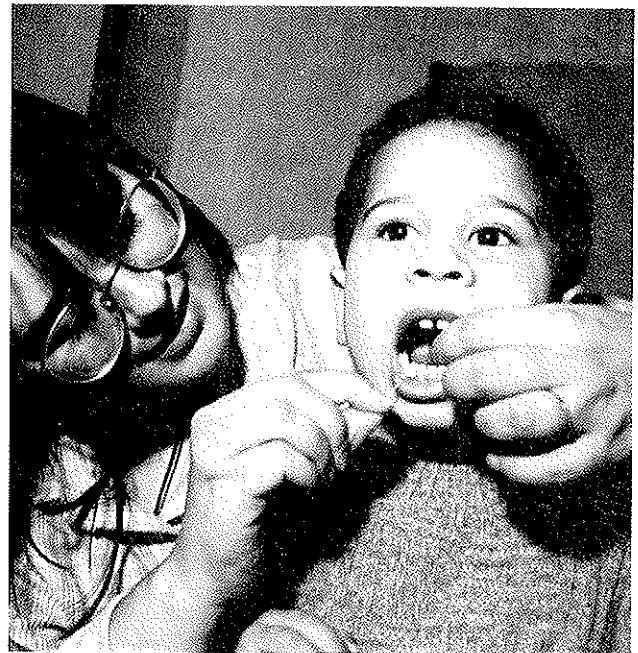
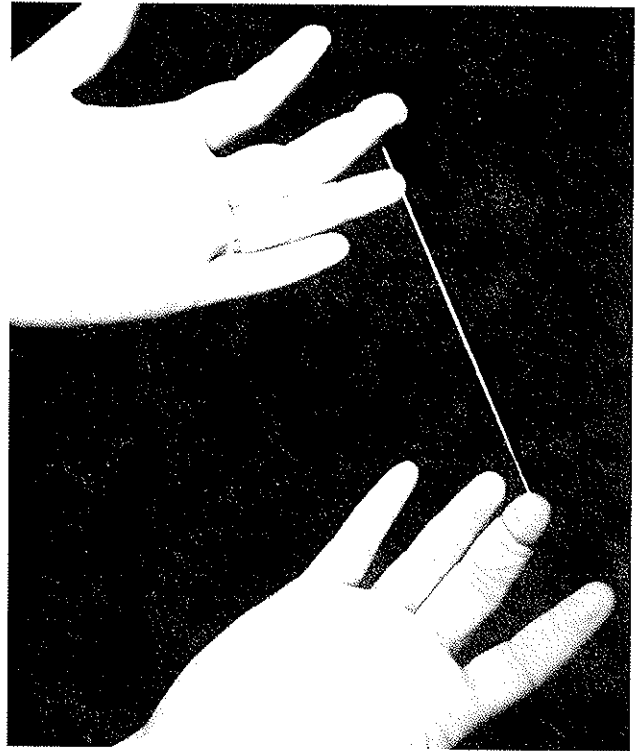


Erupt	Shed
23-31 mos.	10-12 yrs.
14-18 mos.	9-11 yrs.
17-23 mos.	9-12 yrs.
10-16 mos.	7-8 yrs.
6-10 mos.	6-7 yrs.

FLOSSING YOUR CHILD'S TEETH

Parents should floss any of their children's teeth that are touching each other. Usually children can master flossing their own teeth at about nine years old.

1. Stand with your child in front of you, both facing the same direction. Lean your child's head against you. You may also sit with your child's head on your lap.
2. Break off about 18" of floss. Wind the floss around your middle fingers. Leave a few inches of floss between your hands.
3. Hold the floss tightly between your thumbs and forefingers and gently "seesaw" the floss between the teeth.
4. When the floss reaches the gums, curve it into a C-shape against one tooth. Gently scrape up and down on the tooth.
5. Repeat this on the other tooth, then gently "seesaw" the floss back out from between the teeth. Repeat this process between all of the child's teeth that are touching each other.



*Iowa Department of Public Health
Bureau of Oral Health*

CHILDREN'S ORAL HEALTH AND THE PRIMARY CARE PHYSICIAN

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By Jody R. Murph MD, MS / President, Iowa Chapter of the American Academy of Pediatrics /
Division of General Pediatrics and Adolescent Medicine / UI Children's Hospital

There is a silent epidemic affecting America's children. According to the U.S. Surgeon General and the Centers for Disease Control and Prevention, oral diseases and dental caries are now the most common chronic diseases among U.S. children, even surpassing asthma. Tooth decay is also one of the most common transmissible, infectious diseases among children; caused by the bacterium, *streptococcus mutans*. This organism is frequently transferred from the mother to the infant early in life through common parenting practices that result in transfer of saliva. Mothers with poor oral hygiene and significant tooth decay often have a high level of *strep mutans* in their saliva. Transmission of these bacteria to the young infant increases the risk of Early Childhood Caries (ECC), a rampant form of dental caries that begins prior to 36 months of age and is especially difficult and costly to treat. ECC disproportionately affects children from low income families and those in certain ethnic or cultural groups. Between 30%-50% of low income children and as many as 70% of Native American children have ECC.

Tooth decay causes pain, infection, tooth loss, school absence (51 million school hours are lost each year due to tooth decay) and results in increasing ETC visits, hospitalizations and surgical interventions. Treatment of ECC often results in expensive oral rehabilitation in the operating room, costing between \$6,000 and \$15,000/child. In Iowa in 2005 the cost for operative dental care for Medicaid children alone was approximately \$8 million. Increasingly, systemic complications from poor oral health are also being reported in adults, including an association between periodontal disease and heart disease, worsened control of diabetes and preterm

labor. These studies remind us that, indeed, teeth are part of the body and poor oral health has ramifications for overall, systemic health.

Tooth decay is an entirely preventable disease. However, preventive efforts must begin early to have a significant impact on the development of dental caries and, all too often, young children simply lack access to dental care. For every child that lacks medical insurance, 2.6 children lack dental insurance. Although 85% of toddlers have had a well-child visit, only 20% of toddlers have had a dental visit despite recommendations from several professional organizations for a first dental visit no later than 1 year of age. There are many barriers to access to dental care for children in addition to lack of dental insurance. The number of dentists per capita is declining nationwide. Iowa has been designated as a dental shortage area and the need is disproportionately critical in rural areas. Also, many family dentists do not see children under the age of 3 years (far too late to prevent ECC), and many Iowa dentists do not accept new Medicaid clients.

While increasing the supply of oral health providers is important, it is unrealistic to expect a resolution to this crisis in the near future. In fact, fewer students are entering the dental training pipeline than are retiring so the situation may worsen before it improves. The U.S. desperately needs to shift our health care focus from tertiary prevention (intervening after a disease process is already established) to primary prevention and early intervention. To accomplish this we must strengthen our prevention, early diagnosis and referral services for children. For oral health care, this means integrating these services into our primary care settings. Children need a dental home just as they

need a medical home. Primary care providers see children approximately 12 times in the first 3 years of life and have an existing relationship with the families of young children, making primary care the ideal "home" for early oral health care. Monitoring the oral health of pregnant women, providing anticipatory guidance for families with very young infants to prevent practices that may increase the risk of tooth decay, performing a simple oral exam to identify signs of early decay or increased risk, applying fluoride varnish at well-child visits several times during the first 3 years and referring high risk infants, toddlers and young children to a dentist will provide the best opportunity to halt the epidemic of tooth decay children are experiencing.

Iowa provides for reimbursement of primary care providers for fluoride varnish application for Medicaid children at EPSDT (well-child) visits, at the same rate as dental reimbursement (\$14.41). Some states have been much more proactive. The North Carolina program, "Into the Mouths of Babies" reimburses primary care providers \$47.00 to deliver oral health risk assessment, screening, referrals, fluoride varnish application and oral health education to caregivers.

In the near future the Iowa Chapter of the American Academy of Pediatrics, the UI College of Dentistry and the I-Smile program of the IDPH/Oral Health Bureau will be offering web-based training for primary care providers. I would like to encourage you to look for an announcement this summer and challenge you to learn more about oral health care for children so you can provide for these critical and often unmet needs among the children in your care. I-Smile Coordinators in your area can assist with technical support, referrals and care coordination.